

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

MEDICAL NUTRITION THERAPY APPLICATION FOR APPROVAL OF A CONTINUING EDUCATION PROGRAM

SECTION A – Applicant's Name and Address (Please print your name and full address)

First:	Middle:	Last:
Address:		
City:	State:	Zip:

Signature: _____

Date: _____ Telephone Number: _____

SECTION B – Sponsor/Provider Information

1	Name of Sponsor/Provider:			
2	Address:	Street/PO/Route:		
		City:	State:	Zip:

SECTION C – Program Information

1	Name of Program:			
2	Objective: Describe how this program is relates to the theory or clinical application of theory as it pertains to the practice of medical nutrition therapy.			
3	Type of Program (Please check the applicable program) Academic Credit: 1 semester hour = 15 Continuing Education Hours / 1 quarter hour = 10 Continuing Education Hours Workshop, clinic, lecture, forum, seminar, etc: (60 minutes = 1 Continuing Education Hour)			
4	Number of Clock Hours Requested for Approval (does NOT include time for breaks and meals):			
5	Location of Program:			
6	Date(s) of Program:			
7	Is this program open to all Medical Nutrition Therapists?	Answer Yes or No		

BOARD DECISION
☐ Approved _____ hours credit

☐ Denied, Reason: _____

 (Signature of Reviewer)

 (Date)

SECTION D - Program Agenda

✓ A copy of the program **agenda must be attached** to this request that includes the following information:
 Name of program
 Number of hours requested
 Start and end times of each subject
 Start and end time of all breaks and lunch/dinner
 Date(s) of program

SECTION E - Method of Program Attendance Verification

Attach a sample copy of the documentation the provider issues to licensees as **proof of attendance** at the program (please identify this attachment as 'Attachment E'). This must include: participant name, name of provider and provider's signature, name of program, date of program, hours earned by participant, and location of program.

SECTION F - Program Monitoring: Indicate the method for monitoring and verifying attendance

Sign-in/out sheet
 Monitor at the door
 Other, Explain: _____

NOTE: This application may take 45 days to process from the date of receipt of this application. Please submit your application in a timely manner.

Continuing education must relate to the definition of Medical Nutrition Therapy.

Medical nutrition therapy means the assessment of the nutritional status of patients. It involves the assessment of patient nutritional status followed by treatment, ranging from diet modification to specialized nutrition support, such as determining nutrient needs for enteral and parenteral nutrition, and monitoring to evaluate patient response to such treatment.

After the Board has granted its *written approval* of the application, the provider is entitled to state upon its publications: This program is approved for _____(number) Nebraska Medical Nutrition Therapy continuing education hours.

In accordance with the division's records retention schedule, continuing education application materials will be disposed of after 30 days of the date of the approval letter.

SECTION G – Presenter/Instructor Information

✓ **Presenter/Instructor #1:** (List below name, education, experience and/or training **relating to this C.E. presentation**)

First/Middle/Last Name:	
EDUCATION	Total Hours:
Name of Educational Institutions:	
EXPERIENCE	Total Hours:
Type and Nature of Experience:	

Additional presenter/instructor space continued on next page

TRAINING	Total Hours:
Name of Training Entities:	

√ **Presenter/Instructor #2:** (List below name, education, experience and/or training **relating to this C.E. presentation**)

First/Middle/Last Name:	
EDUCATION	Total Hours:
Name of Educational Institutions:	
EXPERIENCE	Total Hours:
Type and Nature of Experience:	

√ **Presenter/Instructor #3:** (List below your name, education, experience and/or training **relating to this C.E. presentation**)

First/Middle/Last Name:	
EDUCATION	Total Hours:
Name of Educational Institutions:	
EXPERIENCE	Total Hours:
Type and Nature of Experience:	